Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-14-10</u>	Address:	SR 59 N of CR 1200N
Case #:	<u>53-22416</u>		<u>Brazil, IN.</u>
County:	Clay		<u>47834</u>
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (hedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Animonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
[Flammable Solvents:			
⊠ Water Reactive Metal (Lithium): field			
Anhydrous Ammonia: field			
Hydrochloric Acid Gas Generator(s);			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Dephodrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:citizen complaint	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Dick Johnson VFD	Fax: rep on scene	
Health Dep	fealth Department: <u>Clay Co</u>		48-9018
Child Prote	ction Service;	Fax:	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>James Minton</u> Phone <u>765-653-4114</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.